

General

Title

Chronic wound care: percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12 month reporting period.

Source(s)

American Society for Plastic Surgeons (ASPS), Physician Consortium for Performance Improvement®, National Committee for Quality Assurance (NCQA). Chronic wound care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 35 p. [19 references]

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12 month reporting period.

Rationale

Compression therapy is fundamental to promote healing and prevent recurrence of ulcers in patients with venous abnormality. Although it has proven efficacy, research has shown that it is not universally used in the treatment of patients with venous ulcers. One study found that one third of patients did not receive compression of any sort and there was great variability in the level and type of compression therapy

used. Graduated high compression (greater than 30 mmHg) produces the best results. However, some compression is better than no compression.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

For patients with venous hypertension or risk for venous insufficiency, consider graduated compression stockings. (American Society of Plastic Surgeons [ASPS], 2007)

The use of a Class 3 (most supportive) high-compression system (three layer, four layer, short stretch, paste-containing bandages, e.g., Unna's boot, Duke boot) is indicated in the treatment of venous ulcers. Although these modalities are similar in effectiveness, they can differ significantly in comfort and cost. The degree of compression must be modified when mixed venous/arterial disease is confirmed during the diagnostic work-up. Intermittent pneumatic pressure (IPC) can be used with or without compression dressings and can provide another option in patients who cannot or will not use a compression adequate dressing system. (Wound Healing Society [WHS], 2006)

Compression therapy heals more venous leg ulcers than no compression therapy as well as decreases the healing time. High compression is more effective than low compression, but there are no differences in the effectiveness of the different types of products available for high compression. (Wound, Ostomy, and Continence Nurses Society [WOCN], 2005)

Compression options

Elastic compression bandage heals more than inelastic compression

Multi-layer (2, 3, or 4 layers) sustained, elastic high-compression bandage

Elastic high-compression stockings to heal venous ulcers

Elastic multiple-layer high-compression stockings to heal venous ulcers

Duke Boot or Unna Boot + elastic compression

Gradient compression better than uniform compression

Short stretch bandage

Unna boot zinc paste impregnated bandage

Intermittent pneumatic compression

Non-elastic compression with Circaid [or similar device]

Sequential-gradient pneumatic compression (Association for the Advancement of Wound Care [AAWC], 2005)

Primary Clinical Component

Chronic wound care; venous ulcer; compression therapy

Denominator Description

All patients aged 18 years and older with a diagnosis of venous ulcer (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who were prescribed compression therapy within the 12 month reporting period

Note: Refer to the original measure documentation for administrative codes.

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

Need for the Measure

Variation in quality for the performance measured

Evidence Supporting Need for the Measure

Bolton L, Corbett L, Bernato L, Dotson P, Laraus S, Merkle D, Patterson G, Phillips T, McNees P, Riedesel PP, Sheehan P, Government and Regulatory Task Force, Association for the Advancement of Wound Care. Development of a content-validated venous ulcer guideline. *Ostomy Wound Manage*. 2006 Nov;52(11):32-48. [PubMed](#)

State of Use of the Measure

State of Use

Current routine use

Current Use

Internal quality improvement

National reporting

Application of Measure in its Current Use

Care Setting

Physician Group Practices/Clinics

Professionals Responsible for Health Care

Physicians

Lowest Level of Health Care Delivery Addressed

Individual Clinicians

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

See the "Rationale" field.

Association with Vulnerable Populations

Unspecified

Burden of Illness

Unspecified

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

All patients aged 18 years and older with a diagnosis of venous ulcer

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

All patients aged 18 years and older with a diagnosis of venous ulcer

Note: Refer to the original measure documentation for administrative codes.

Exclusions

Documentation of medical reason(s) for not prescribing compression therapy (e.g., severe arterial occlusive disease)

Documentation of patient reason(s) for not prescribing compression therapy

Documentation of system reason(s) for not prescribing compression therapy

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Clinical Condition

Encounter

Denominator Time Window

Time window is a single point in time

Numerator Inclusions/Exclusions

Inclusions

Patients who were prescribed compression therapy within the 12 month reporting period

Note: Refer to the original measure documentation for administrative codes.

Exclusions

None

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Fixed time period

Data Source

Administrative data

Medical record

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Rate

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Unspecified

Standard of Comparison

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

Unspecified

Identifying Information

Original Title

Measure #4: use of compression system in patients with venous ulcers.

Measure Collection Name

The Physician Consortium for Performance Improvement® Measurement Sets

Measure Set Name

Chronic Wound Care Physician Performance Measurement Set

Submitter

American Medical Association on behalf of the American Society of Plastic Surgeons, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance - Medical Specialty Society

Developer

American Society of Plastic Surgeons - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

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Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Included in

Ambulatory Care Quality Alliance

Physician Quality Reporting Initiative

Adaptation

Measure was not adapted from another source.

Release Date

2008 Aug

Measure Status

This is the current release of the measure.

The Physician Consortium for Performance Improvement reaffirmed the currency of this measure in November 2010.

Source(s)

American Society for Plastic Surgeons (ASPS), Physician Consortium for Performance Improvement®, National Committee for Quality Assurance (NCQA). Chronic wound care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 35 p. [19 references]

Measure Availability

The individual measure, "Measure #4: Use of Compression System in Patients with Venous Ulcers," is published in "Chronic Wound Care Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site:

www.physicianconsortium.org .

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on April 7, 2009. The information was verified by the measure developer on June 4, 2009. The information was reaffirmed by the measure developer on November 17, 2010.

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